NGC-19O (03-01-12)

NEVADA GAMING COMMISSION
ANNUAL LICENSE FEE REPORT
for the issuance or renewal of an
OPERATOR OF INTERACTIVE GAMING LICENSE

This report, with your remittance payable to the order of the NEVADA GAMING COMMISSION, is required to be filed PRIOR to the commencement of operations; ON or BEFORE December 31 for the ensuing calendar year.

Period Covered: _____   **Filing Deadline:** _____

Account No., Name, Address, Zip Code

Account No.:		Check
Legal Name:		Number _____
Trade Name:		Batch
Address:		Number _____
City, State, Zip:		Entry
		Date _____

Please correct if in error

Instructions

A. This form is for the use of OPERATORS OF INTERACTIVE GAMING only (NRS 463.765).

B. Each initial license is issued for a 2-year period beginning on January 1 of the first year and ending on December 31 of the second year -- $500,000.

C. The initial license fee is prorated by 1/24 for each month between January 1 of the calendar year and the date of issuance of the license.

D. The renewal license is issued for a 1-year period beginning on January 1 and ending on December 31 -- $250,000.

If you have any questions, please contact the State Gaming Control Board, Tax and License Division.

Line 1.   Application for the issuance or renewal of an Operator of Interactive Gaming License:
   Initial license for a 2-year period ($500,000)
   Renewal license for a 1-year period ($250,000) $ _____

Line 2.   Penalty for late payment NRS 463.270 (5):   Enter number of days late: _____
   A. Less than 10 days late: $1,000.00   _____

   B. Ten or more days late: $5,000.00   _____

Line 3.   **TOTAL AMOUNT DUE** [Total of lines 1 and 2A or 2B] $ _____

Please make remittance payable to: NEVADA GAMING COMMISSION
Return to the State Gaming Control Board, PO Box 8004, Carson City, NV 89702-8004.
Pursuant to NRS 353.1467, payments made to the State, in the <u>aggregate</u>, that amount to $10,000 or more must be sent electronically.

I, _____ certify and declare under the penalties of perjury that I am the

_____ of the business named above; that this is a true, correct and complete report
(Owner, Partner, President, Treasurer, Other-describe)
to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and consent of all other individuals licensed.

Dated _____   Signed _____

Person to contact regarding this report: Name: _____   Phone: _____

RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS